

SERFF Tracking Number:	MUTM-125693081	State:	Arkansas
Filing Company:	Mutual of Omaha Insurance Company	State Tracking Number:	39288
Company Tracking Number:	JUSTIN POOTS		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	Partnership Program/Arkansas Issuer Certification Form (Appendix C)		

Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: Individual Long-Term Care Insurance
 SERFF Tr Num: MUTM-125693081 State: ArkansasLH

TOI: LTC03I Individual Long Term Care	SERFF Status: Closed	State Tr Num: 39288
Sub-TOI: LTC03I.001 Qualified	Co Tr Num: JUSTIN POOTS	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Harris Shearer
	Authors: Stacey Payton, Kurt Vangreen, Justin Poots	Disposition Date: 07/08/2008
	Date Submitted: 06/12/2008	Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Partnership Program	Status of Filing in Domicile: Authorized
Project Number: Arkansas Issuer Certification Form (Appendix C)	Date Approved in Domicile: 09/19/2007
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 07/08/2008	
State Status Changed: 07/08/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Please see cover letter attached under the supporting documentation tab.	

Company and Contact

Filing Contact Information

SERFF Tracking Number: MUTM-125693081 State: Arkansas
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Justin Poots, Product & Advertising Compliancejustin.poots@mutualofomaha.com
Analyst

4 - Regulatory Affairs (402) 351-5970 [Phone]
Omaha, NE 68175 (402) 351-5298[FAX]

Filing Company Information

Mutual of Omaha Insurance Company	CoCode: 71412	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Health Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6420 ext. [Phone]	FEIN Number: 47-0246511	

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Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of Omaha Insurance Company	\$20.00	06/12/2008	20810542

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor (FM)	07/08/2008	07/08/2008

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<i>Company Tracking Number:</i>	<i>JUSTIN POOTS</i>		
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<i>Product Name:</i>	<i>Individual Long-Term Care Insurance</i>		
<i>Project Name/Number:</i>	<i>Partnership Program/Arkansas Issuer Certification Form (Appendix C)</i>		

Disposition

Disposition Date: 07/08/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-125693081 State: Arkansas

Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 39288

Company Tracking Number: JUSTIN POOTS

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: Individual Long-Term Care Insurance

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Issuer Certification Form (Appendix C)	Approved-Closed	Yes

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Form Schedule

Lead Form Number: Arkansas Issuer Certification Form (Appendix C)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	Arkansas Issuer Certification Form (Appendix C)	Certificate	Issuer Certification Form (Appendix C)	Initial			AR Issuer Certification Form (Appendix C) - Mutual.pdf

Appendix C
Issuer Certification Form
(relating to Qualified State Long-Term Care Insurance Partnership)

In order to provide the Insurance Commissioner with information necessary to provide a certification for policies, this Issuer Certification Form requires information and a certification from issuers of long-term care insurance policies with respect to policy forms that may be covered under the Qualified Partnership of the State.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, *e.g.*, as it introduces new long-term care insurance policy forms for issuance.

I. GENERAL INFORMATION

A. Name, address and telephone number of issuer:

Mutual of Omaha Insurance Company

Mutual of Omaha Plaza, Omaha, NE 68175

(402)342-7600

B. Name, address, telephone number, and email address (if available) of an employee of issuer who will be the contact person for information relating to this form:

Justin Poots (justin.poots@mutualofomaha.com)

Mutual of Omaha Plaza, Omaha, NE 68175

(402)351-5970

C. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form (expand the space below as required):

LTC04I-TQ, LTC04I-AG-TQ, LTC04I7-[AG5, AG10, AG15, 5D]-TQ, and

LTC04I7-[AG5, AG10, AG15, 5D]-R-TQ

Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided upon request.

II. CERTIFICATIONS

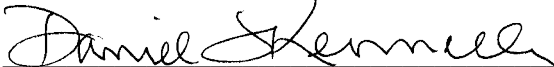
- A. I hereby certify that the policy forms listed above are in compliance with Rule 13 and Rule 94 and all other Arkansas statutes and rules regarding long-term care insurance.
- B. I hereby certify to the best of my knowledge and belief that all producers who sell, solicit or negotiate long-term care insurance products on Mutual of Omaha Insurance Company's behalf have received the training required for Partnership policies and that they demonstrate an understanding of the policies and their relationship to public and private long-term care coverage.
- C. I hereby certify that the answers, accompanying documents, and other information set forth herein are, to the best of my knowledge and belief, true, correct, and complete.

June 12, 2008

Date

Dan Kennelly, VP & Chief Compliance Officer

Name and title of officer of the Issuer



Signature of officer of the Issuer

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Bypassed -Name:	Certification/Notice	Review Status:	Approved-Closed	07/08/2008
Bypass Reason:	N/A			
Comments:				
Bypassed -Name:	Application	Review Status:	Approved-Closed	07/08/2008
Bypass Reason:	N/A			
Comments:				
Bypassed -Name:	Health - Actuarial Justification	Review Status:	Approved-Closed	07/08/2008
Bypass Reason:	N/A			
Comments:				
Bypassed -Name:	Outline of Coverage	Review Status:	Approved-Closed	07/08/2008
Bypass Reason:	N/A			
Comments:				
Satisfied -Name:	Cover Letter	Review Status:	Approved-Closed	07/08/2008
Comments:				
Attachment:				
AR Cover Letter - Mutual (6-11-2008).pdf				

MUTUAL of OMAHA

MUTUAL of OMAHA INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
402 342 7600



June 12, 2008

Arkansas Department of Insurance
Attn: Compliance - Life & Health
1200 West Third Street
Little Rock, AR 72201-1904

RE: Mutual of Omaha Insurance Company
NAIC # 261-71412 FEIN # 47-0246511
Individual Long-Term Care Insurance
Partnership Program - Arkansas Issuer Certification Form (Appendix C)

Enclosed for filing with your Department are copies of the forms required to be filed for the Arkansas Long-Term Care Insurance Partnership Program in accordance with Rules 13 and 94, effective July 1, 2008.

Policy forms LTC04I-TQ, LTC04I-AG-TQ, LTC04I7-[AG5, AG10, AG15, 5D]-TQ, and LTC04I7-[AG5, AG10, AG15, 5D]-R-TQ are listed within the attached Issuer Certification Form.

Policy forms LTC04I-TQ and LTC04I-AG-TQ were previously approved by your Department on September 29, 2004.

Policy forms LTC04I7-[AG5, AG10, AG15, 5D]-TQ and LTC04I7-[AG5, AG10, AG15, 5D]-R-TQ were previously approved by your Department on December 7, 2006.

The required Policy Disclosure Form (Appendix B) will accompany each partnership qualified policy issued or issued for delivery in the State of Arkansas. Please accept our assurances that the format and language of this disclosure will not be substantially altered.

In accordance with state law, we plan to issue or offer the following required inflation protection by age:

Inflation Protection Requirements
AGE INFLATION PROTECTION
Ages 60 and under Compound 3%, 3.5%, 4%, 4.5%, and 5% Lifetime
Ages 56 - 75 Compound 3%, 3.5%, 4%, 4.5%, and 5% Lifetime or Compound 5% 20 year
Ages 61 - 75 Compound 3%, 3.5%, 4%, 4.5%, and 5% Lifetime or Compound 5% 20 year or Simple 5% Lifetime
Ages 66 - 75 Compound 5% 10 year
76 and over None required
For any age, 5% compound (lifetime) option must still be offered

Arkansas Department of Insurance
June 12, 2008
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Your review and approval of this submission will be most appreciated. If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Justin Poots". The signature is stylized with a large, sweeping initial "J" and a cursive "Poots".

Justin Poots
Product and Advertising Compliance Analyst
Regulatory Affairs
Phone: 402-351-5970
Fax: 402-351-5298
E-mail: justin.poots@mutualofomaha.com